



Application Data Sheet

Application Information

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|----------------------------------|------------------------------|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Group Art Unit:: | N/A |
| CD-ROM or CD-R?:: | None |
| Sequence submission?:: | None |
| Computer Readable Form (CRF)?:: | No |
| Title:: | INHALATION DEVICE AND METHOD |
| Attorney Docket Number:: | 000166.0109-US03 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Total Drawing Sheets:: | 20 |
| Small Entity?:: | No |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

| | |
|---|---------------------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | David |
| Family Name:: | Edwards |
| City of Residence:: | Boston |
| State or Province of Residence:: | MA |
| Country of Residence:: | US |
| Street of mailing address:: | 171 Commonwealth Avenue, Unit 3 |
| City of mailing address:: | Boston |
| State or Province of mailing address:: | MA |
| Postal or Zip Code of mailing address:: | 02116 |

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Andrew
Family Name:: Jones
City of Residence:: Roslindale
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 112 Beech Street
City of mailing address:: Roslindale
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02131

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ryan
Family Name:: McManus
City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 220 Windsor Street, #1
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Margaret
Middle Name:: Millar
Family Name:: Saunders

City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: P.O. Box 425410
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02142

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: W.
Family Name:: Spaller
City of Residence:: Amesbury
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 356 Main Street
City of mailing address:: Amesbury
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01913

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Andrew
Family Name:: Ziegler
City of Residence:: Arlington
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 11 Cedar Avenue
City of mailing address:: Arlington

State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02476

Correspondence Information

Correspondence Customer Number:: 26853

Representative Information

Representative Customer Number:: 26853

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|----------------------------|----------------------|----------------------|
| This Application | Division of | 10/268,059 | 10/10/02 |
| 10/268,059 | Continuation-in-part of | 09/835,302 | 04/16/01 |

Assignee Information

Assignee name:: Advanced Inhalation Research, Inc.
Street of mailing address:: 840 Memorial Drive
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139